

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

BRAZ COLEMAN

PLAINTIFF

VERSUS

CIVIL ACTION NO. 3:22-cv-00621-TSL-RPM

JOHN DOE

DEFENDANT(S)

ORDER

Upon consideration of the complaint filed by the plaintiff in the above entitled action, the court notes that the plaintiff failed to complete the appropriate application to proceed *in forma pauperis*. Accordingly, it is hereby

ORDERED:

1. That on or before November 23, 2022, plaintiff shall either pay the required \$350.00 (subject to change) filing fee plus a \$52.00 (subject to change) administrative fee or file a complete application for leave to proceed *in forma pauperis*, including the section entitled “Certificate to Be Completed by Authorized Officer” of prison accounts or file an affidavit specifically stating the name of the prison official contacted concerning the Certificate and why this information is not provided to this court.

2. That Plaintiff be informed that his failure to timely comply with the requirements of this order may lead to the dismissal of his complaint.

3. The Clerk shall mail the attached *in forma pauperis* application to the plaintiff at his or her last known address.

Failure to advise this court of a change of address or failure to comply with any order of this court will be deemed as a purposeful delay and contumacious act by the plaintiff and may result in the dismissal of this case.

THIS, the 24th day of October, 2022.

s/Robert P. Myers Jr.

UNITED STATES MAGISTRATE JUDGE

UNITED STATES DISTRICT COURT

for the

_____ District of _____

Plaintiff/Petitioner

v.

*Defendant/Respondent*_____
)
)
) Civil Action No.
)
)**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Short Form)**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____.
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ _____, and my take-home pay or wages are: \$ _____ per
(specify pay period) _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- | | | |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

4. Amount of money that I have in cash or in a checking or savings account: _____.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____

Applicant's signature

Printed name

-----MUST BE COMPLETED BY PLAINTIFF-----

Authorization for Release of Institutional Account Information and
Payment of the Filing Fee

I, _____, _____
(Name of Plaintiff) (Prisoner Number)
authorize the Clerk of Court to obtain, from the agency having custody of my person, information about my institutional account, including balances, deposits and withdrawals. The Clerk of Court may obtain my account information from the past six months and in the future, until the filing fee is paid. I also authorize the agency having custody of my person to withdraw funds from my account and forward payments to the Clerk of Court, in accord with 28 U.S.C. Section 1915.

(Signature of Plaintiff)

(Date)

IT IS PLAINTIFF'S RESPONSIBILITY TO HAVE THE APPROPRIATE PRISON OFFICIAL
COMPLETE AND CERTIFY THE CERTIFICATE BELOW.

CERTIFICATE TO BE COMPLETED BY AUTHORIZED OFFICER
(Prisoner Accounts Only)

I certify that the applicant named herein has the sum of \$ _____ on account to his credit at the _____ institution where he is confined. I further certify that the applicant likewise has the following securities to his credit according to the records of said institution:

I further certify that during the last six (6) months the
plaintiff's average monthly **balance** was \$ _____.

I further certify that during the last six (6) months the
plaintiff's average monthly **deposit** was \$ _____.

TELEPHONE NUMBER
OF OFFICER FOR VERIFICATION

AUTHORIZED OFFICER OF INSTITUTION

PRINT NAME OF AUTHORIZED OFFICER

DATE

RETURN COMPLETED FORM TO:
U. S. DISTRICT CLERK
501 E. COURT STREET
SUITE 2.500
JACKSON, MS 39201